



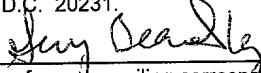
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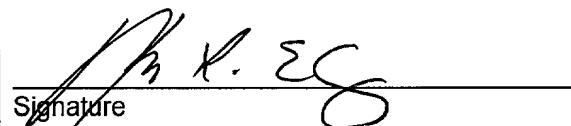
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| Certificate of Mailing | |
| Date of Deposit <u>February 21, 2002</u> | Label Number: <u>EK325446534US</u> |
| I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231. | |
| Guy Beardsley Printed name of person mailing correspondence |  Signature of person mailing correspondence |

| UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b) | |
|---|--|
| Attorney Docket Number | 50125/020002 |
| Applicant | Stefan Kochanek et al. |
| Title | PIGMENT EPITHELIAL CELL OF THE EYE, ITS PRODUCTION AND USE IN THERAPY OF AN EYE OR CNS DISEASE |
| PRIORITY INFORMATION: | |
| This application claims the benefit of the filing date of United States provisional patent application 60/270,746, filed February 22, 2001 and claims priority from prior foreign patent application DE 10108412.9-41, filed February 21, 2001, in Germany. | |
| SMALL ENTITY STATUS: | |
| <input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27. | |
| APPLICATION ELEMENTS: | |
| Cover sheet | 1 page |
| Specification | 47 pages |
| Claims | 3 pages |
| Abstract | 1 page |
| Drawing | 2 sheets |
| Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; | 3 pages |
| Sequence Statement | |
| Sequence Listing on Paper | |
| Sequence Listing on Diskette | |
| Preliminary Amendment | |
| IDS | |
| Form PTO 1449 | |
| Cited References | |
| Recordation Form Cover Sheet and Assignment | |

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|--|---------------------------------|
| English Translation | |
| Certified Copy of Priority Document | |
| Return Receipt Postcard | 1 |
| FILING FEES: | |
| Basic Filing Fee: \$370 | \$370.00 |
| Excess Claims Fee: 24 - 20 x \$9 | \$36.00 |
| Excess Independent Claims Fee: 4 - 3 x \$42 | \$42.00 |
| Multiple Dependent Claims Fee: \$140 | \$140.00 |
| Total Fees: | \$588.00 |
| <input checked="" type="checkbox"/> Enclosed is a check for \$588.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095. | |
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| CUSTOMER NO: 21559 | |
|  Signature | <u>21 February 2002</u> Date |

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